

NURSING TRANSITIONS IN PORTUGAL – SECOND HALF OF XX CENTURY



NURSING TRANSITIONS IN PORTUGAL SECOND HALF OF 20TH CENTURY

José Amendoeira*

*PhD, Coordinator Professor at Higher Health School of Santarém – Polytechnic Institute of Santarém

ABSTRACT

Aim of the Study: to contextualize nursing transitions in the second half of the 20th century, in the dimensions: context, curricula and actors.

Purpose: As far as nursing education is concerned, in the Portuguese case for many years we can not talk about the existence of a discipline of nursing.

The construction of the discipline seems to have happened between the process of the nurses' professionalization and the social construction of the curriculum, essentially since the 50's of the 20th century.

Methodology:

The historic method allowed formulating connections between ideas, events, institutions and people in the past enlightening the socio-historic discourse throughout this period. The stories of life assumed a particular effect, connecting them to the formation of trajectories to understand the mechanisms and processes used by participants in managing the situations they were in, with the resource of the ethno-biographic interview. The Unique Case Study, with qualitative characteristics, allowed us to know individual, organizational, social and political phenomena.

Findings:

We have analyzed the data under three dimensions - Contexts, Curricula and Actors – along the decades from year 50' to the beginning of XXI Century.

About **Contexts**, until 1965 the School for Nurses was within the hospital, and without autonomy. After the national evaluation of the state of the schools of nursing about their pedagogic conditions to teach, recommended by WHO in 1963, the Schools started, in 1965, a process of autonomy with the creation of the first Nursing School, independent of hospitals – School of Education and Management in Nursing. One of the most important fact occurred in 1988 with the Integration of Nursing in Higher Education, and the conversion of the schools in Higher Nursing Schools, in 1989.

From **Curricula**, a dimension we can emphasize is that in 1947 were established two levels of nursing education. The Introduction of the contents “medical nursing techniques” and “chirurgic nursing techniques” in 1952, can be considered as the emergence of nursing as a discipline, because of the official participation of nurses in the education of pairs, and the beginning of conceptualization of nursing care. Because of this in 1964, occurred a Curricula reformation. The Discipline of Nursing (with biomedical orientation) structuring the education, among biomedical disciplines and inclusion of social and human sciences. In the year of 1967 we assist the beginning of the education on Investigation. After The Carnation revolution, many things have changed and we have assisted one of the most important transitions, the unification of pre-graduate education (1975). The integration in higher education with bachelor degree (1988) and with Degree in 1999, are also considered two important transitions.

Considering the **Actors** in this transitional analysis, in 1947 the State has begun to control of the legal exercise of nursing and with the conditions promoted by the transitions in contexts and curricula, after 1965 we assisted a very important evolution and social recognition, with responsibility of education and the Direction of the Schools by nurses and the promotion of similar access conditions as required for other courses in higher education. Since 1975 we have in Portugal a unique Professional – Nurse, a transition that contributed to the Regulation of the Professional Exercise of Nursing, in 1996. In 1998, the Portuguese State as regulated the possibility to the Establishment of the Nurses Order.

Conclusions:

Contexts - Nursing Higher Schools are autonomous organizations, in different scenarios of the higher education network: Not integrated Schools; Schools integrated in Polytechnics Institutes and schools integrated in Universities, but all of them in the polytechnic subsystem.

Curricula - From the unique curriculum to curricular diversity, the conception and curricular development occurs from Nursing, discipline and profession, along the three cycles of Bologna studies.

Actors - The qualifications for the skills that enhance to deal with the complexity in health suggest the debate on nursing education about professionalism and multidisciplinary. The professionalization process is going on, but we still assist to a lack of social and professional identity.

Key Words: Nursing. Professionalization process. Transitions

1 – CONCEPTUALIZATION

In the Portuguese case for many years and in relation to nursing education, we can not speak of the existence of a discipline, but the influences that have formed the conceptual basis as imported, both from other areas of knowledge, as in other regions mainly the United States, Canada, United Kingdom and France.

The construction of the discipline seems to have occurred by the development of professional practice, mediated by the inherent capacity of the professional group of nurses in the social construction of the curriculum.

We framed the development of the study assuming to "consider the past as a measure of cultural production in the construction of this projecting the future" (Saha, 1997). questioning sociologically the initial / base of nurses relating it to the professionalization process, was in a process that will see beyond the facades of social structures, assuming the interest in looking beyond the goals of human actions, commonly accepted or officially defined, cultivating the awareness that human events have different levels of meaning, some of which are hidden in the consciousness of everyday life.

Sociology was mobilized as a science of social processes, considering the perspective of the relationship of individuals who develop a specific action, through the social relationship, and to what extent they fall within the social structures and processes, attributing to the essentiality of the sociological discipline study of society as a complex system of interaction. We value the concept of 'social situation' of Max Weber, as one in which people orient their actions to each other, where the interaction is not seen as a magazine of what individuals do with each other, but are a particular aspect of all these acts.

In this perspective (1) we tried to 'unveil' social action through the use of different theoretical perspectives and paradigms.

(2) we distance ourselves from the functionalist perspective of the structuralist dimension, emphasizing that daily life seems to focus on the actor and the routine, so

the study of human activities that produce social relations that reproduce and transform, they emerge from the conflict arising essence of relations of domination / subordination, essential to understand the construction process of discipline and the professional group of nurses.

(3) To mobilize the interactionist perspective by the recovery of subjective meanings of social action by social actors with regards to attitudes, desires, or the definitions of the situation. But given the dynamics of social action we sought to enhance the ability of the actors themselves socially integrated into the structures, influencing them.

(4) To emphasize the mobilization of the interpretive paradigm, when we tried to grasp the social reality 'through the eyes of the actor', examining the practices and the ways in which players build a stable social world at the same time that they were described, observed and subject information.

We want to talk about the social facts, which had to provoke them precisely where the subjective and the objective meet, developing a first level of interpretation of common sense produced from the intersubjectivity between the contexts, the curriculum and the actors, drawn from everyday life of the action routine, and make it through the sociological understanding of everyday life.

However, the understanding of reality is not attainable only by identifying the facts, it is essential to mediate between these, the contexts where they are produced and the actors who produce them and thereby reach a deeper reality.

We follow a policy of allowing heuristic model (1) an ordered perception of the empirical world, (2) it provided a framework of concepts and (3) served as a guidance scheme for the construction of theoretical perspective and research later, for there was always a tension between the goal - a sense of empirical knowledge - attributable to analytical models of educational systems in relatively closed, objective between the social order (Training Device); and subjective - with a sense of historical knowledge - a hermeneutic, close to the relatively open system models, the most important determinants that structures (Model Learning).

Interdisciplinarity was assumed it occurs from the intersection of the axes (Training Device / Model Training) and (sociology curriculum with the sociology of professional groups) through the areas under study present throughout the period, for a mobilization of theoretical underpinning:

a) the scientific knowledge cannot be reduced to a single natural-scientific model, nor a single logical model (deductive explanation);

b) human beings have many needs, different types of human knowledge.

This approach assumes the existence of a boundary line between the biomedical focus more related to the Device Training and guidance for care - cure closer to what characterizes the interactions between different actors, who are looking for with the current Model Training (where guidance is still in biomedical presence).

1.1 - SOCIAL CONSTRUCTION OF THE CURRICULUM

We do not intend to question the organization of the discipline of nursing as an isolated event, but study it for the dialectical relationship between education and profession of nursing, emphasizing the social construction of the curriculum, from the discipline as a field of knowledge, always with reference to the actors and educational arenas of this whole process, over a period of time.

Academic disciplines are accepted, all characterized by having a body of content, proper techniques, concerns, significant and relevant to humans, supporting each other in languages, adapting, expanding and redefining themselves from the knowledge constructed and systematized within an interdisciplinary perspective.

Hence the need to identify a course that presents "a unique perspective, a different way of looking at phenomena and defines the limits and nature of their research (Donaldson and Crowley, 1978, p.13), from" an area, a territory which borders both theoretical and practical "(cf. Meleis, 1991, p.97), mobilizing a focus of attention than the other disciplines of health, according to the design that characterizes the state of development of the discipline in which nurses think and reflect nursing (cf. Shaw, 1993, p.1652).

The sociology of health has changed (between the 50 and 70) who was in the sociological tradition of a functionalist perspective that gave essentially the doctor - patient relationship, through a Marxist perspective (1) where the emphasis in the conflict between two actors, and (2) the way the market economy conditioned responses of the health system to social, but also by emphasizing the size negotiated interactionism arises where the uncertainty of the relationship between doctor and patient and between the first and other health actors.

Nurses have been constructing a conception of the discipline of nursing, assuming a social mandate to improve health and well-being of humanity, allows you on interdisciplinarity, organized around the philosophical perspective of people and their experiences of health, maintaining humanitarian values, characterizing the discipline that understands the complex multidimensionality of human behaviour, generating some consensus regarding the ability to recognize the uniqueness and individuality in health and disease (cf. Shaw, p.1652) including care for people who are not capable of self-care in situations of illness or anticipation of it (Meleis, p.97), as is a process of care.

Regarding the state's role in educational situation in the period under study, we mobilized both components of change in education and education policy proposed by Sérgio Grácio (1998): the institutional and morphological. From the morphological component is possible to construct "models" of development of the education system, essential to interpret educational policies and link them to other factors of development of the education system.

For a social construction of an integrated curriculum, and a disciplinary perspective (here the discipline of nursing) we have considered a fundamental question two aspects of the curriculum (Apple) (entered as the Curriculum in Sociology). The former relates to the content - content What is this? What is lacking in content? The second aspect is the way, here understood as a process - how the curriculum is built? What is the formal culture? What happens at the very organization of knowledge?

In this dimension, the main organizer of the object, as is the curriculum content and in process, from the perspective of a discipline as an area of knowledge whose building and empowerment is questioned in the study period, assuming the concept of transition between worlds and time, between paradigms and theoretical perspectives regarding the construction and the emergence of the discipline, as an organizer of knowledge. The process as professionals structure the knowledge from its sources and how to use it in everyday life, is a matter of scientific knowledge, 'knowledge' and skills to the extent that the spread and use of scientific knowledge in our society gives visibility to those who can transfer the science of contexts and fields of production and reorganizing it in other fields and contexts of social action.

1.2 - SOCIOLOGY OF PROFESSIONAL GROUPS

By studying the professional group of nurses we mobilize the concept of 'Professional' in the English tradition and to the extent that it applies only to workers who have a high level of skills, which in practice means only graduates of higher education (Rodrigues, 1997), which for nursing is consistent with the national classification of professions since 1994.

From the theoretical viewpoint before mentioned, we have privileged the analysis of the empowerment of nursing considering the contexts of social change where it occurs, through the dimensions:

- (1) process of professionalization.
- (2) social identity - professional.

The nurses were among the first professional groups to emerge in the health field, it is essential to their study, because we consider to have constituted a process of typical professionalization, from what was once an occupation that has built and developed a significant number of attributes for the professional model.

(1) We mobilize the prospect of Freidson (1986 and 1992) regarding the process of professionalization of occupations related to health, that will address:

- a) the acquisition by its members of the characteristics of a profession mobilizing trading in the trade;
- b) The process of empowerment from a body of knowledge and skills, which are organized in a discipline developed in a context of higher education;
- c) The need to control the practice, making it more technical, more codified, facilitating the intervention and access to laymen, its dilemma in that simultaneously seek to maintain the monopoly in its field of action, through rationalizations on the ideological nature of their work (knowledge and skills), thereby excluding the possibility of intervention from outsiders to the profession.

(2) Regarding the second dimension organizer - social identity - professional, we assume that "a sociological theory of the subject involves the analysis of knowledge as a social process, where the individual does not lose its uniqueness, but it is the modalities specific to their construction as individual, as are the social foundations that category of thought "(Houle, 2003).

We take the concept of identity in a broad perspective:

- a) As part of the reintegration of the concept of dialectical subject / society;
- b) it is not enough to belong to a particular group to acquire a certain identity;
- c) the trajectory and life course of individuals, are dimensions that allow shaping their identity, a perspective of strategic development.

We mobilize the gender issue, considering the fact that nursing as a helping profession, yet to be socially recognized as developing activities which fall within the private sphere and as such more the domain of women (Bourdieu, 1999). In this perspective the woman is not recognized her productive capacity in the public sphere, making this profession still devalued its status, while other health professionals socially recognized, despite the increasing rate of women, and women are recognized as agents in the production of the system of care, such as medicine.

2 - METHODOLOGICAL ASPECTS

From the substantive content of the curriculum, we considered the construction of the discipline as organizer of the training model in nursing, in Portugal.

We opted for a single case study with qualitative features, which allowed us to understand the individual, organizational, social and political phenomena (Yin, 1984, p.14)

Knowing this fact throughout the second half of the twentieth century, it is essential to understand the present, and therefore it was imperative to make an inventory of everything that existed on the subject available, valuing the discourse of social - history. We have chosen the socio - historical method, formulating relationships between ideas, events, institutions and individuals in the past to develop a methodology that allowed to

pass from the particular to the general approach (Bertaux 1997), 'looking' for the diversity that characterizes the social world in which fits the world of professional nurses.

We did it with the self - aware of transitions that we wanted to examine, in preparation for the ambiguities, which lacked evidence, conflicting points of view, analyzing each period in context valuing the social and intellectual history.

The selection of key informants to interview has come, in this case, from its inside, but rather about what is outside them: the social contexts in which they acquired a practical knowledge from experience (Bertaux, 1997).

The use of life stories took on a particular effectiveness, we looked for empirical data, linking them with the formation of paths for understanding the mechanisms and processes used by subjects in the management of situations in which they participated. The interest stemmed from the choice of the biographies of the informants, both for their ability to provide a detailed and faithful relationship of their life (ie their memory), and by the very nature of this life, what we get for the ethnobiographic interview. The use of multiple sources of evidence (by the use of ethno biographic interviews and documents) allowed us to develop converging lines in the empirical work, over which we have developed a constant coming and going between the research and analysis of data produced by improving the quality of collecting information and identifying the saturation of data.

The study period was very rich in social changes, accompanied by changes in the object of study (analysis), which is why we seek thoroughly the authenticity of sources. The documents that were provided by junction of two criteria - (1) are mostly documents that were part of the files of the Nursing Education Department - Ministry of Health and (2) and others that belonged to individual files of key informants, who have kept them along the years. In addition to strategy, we used the analysis of documents identified in documentation centers and libraries.

The documents provided a background of reference (Poirier, 1997), insofar as possible to extend the information to a data control and reintroduce time as given by mobilizing the narratives of those interviewed (most of the protagonists of events) mediating the analysis of historical documents.

We sought to establish uniform grades of materials, allowing a diachronic study over a long period, rather than appeal to heterogeneous materials, in order to in-depth analysis of facts or historical events (we drew on in Grácio is new).

We conducted our content analysis categories, by analysing the corpus of interviews and documents (using the technique of multiple, parallel biographies and content analysis, which resulted in a system of categories / areas / themes that drove the data analysis). The findings were classified according to the research questions. We looked for evidence to explain events and ideas for the interpretation of primary and secondary documents. We estimated then building a framework of historical evidence submitted to historiography through which we called "**a shared biography of nursing.**"

3 - TRANSITIONAL MODEL - ANALYTICAL

We examined the dynamics of transitions occurring between a "training device", driven by the duality / biomedical focus, and a 'training model', which is associated with complex thinking in design, nursing and production of new competencies identified in each the areas under study - the open training curricula / knowledge and those involved in training.

We did this by turning the system on which the research relates to the underlying processes, by mobilizing interactionism, the proposed definition of an actionist model (Boudon) and looking for potentially profound implications for thinking about knowledge production (cf., Taylor , p.533).

We inserted the analytical model into a larger social order, the transition from modernity to post - modernity (Boaventura Sousa Santos, 2003).

The concept of transition assumes an important status, as defined in the perspective of Meleis (1991), with regards to theoretical knowledge in nursing, being used in other disciplines, including sociology and psychoanalysis (Caraça, p.174 , 2003; Santos, p.737, 2003; Cardoso, 2000, Plastino, p.411, 2003).

We called the Model for Transitional emerges the concept of transitionality (Winnicott, 1971), which values the inter-subjectivity inherent comprehensible (interpretive and constructivist) nature of the study. We mobilized the assumptions of the approach proposed by Rüstow (1970) about the concept of *transitional*, in a perspective of political sociology, suggesting the existence of four stage transitions, which in this study mobilized in a way adapted to understand the transitional nature of the object of study.

Stage 1 – unit; looking for consensus around the construction of identity.

Stage 2 - characterized by a long and sometimes inconclusive struggle between groups, creating conflict, primarily by the increased power of one over the other.

Stage 3 - is the decision-making, usually regarded as a historic moment, called the unfinished transition.

Stage 4 - considered the sedimentation or habituation awareness and designated the finished transition.

In this study the concept of transitionality goes beyond the concept of transition as it enhances the actionist dynamics, supported in the richness of the interactions occurring in the context of work / training, where knowledge is re-contextualized according to the singularities of the problem - situations inherent to the process of nursing care.

Supporting us in the theoretical framework above, and from the analysis model proposed, then we present the main findings in the form of reference to the transitions that occurred in the area during the period under study, and organized by dimension.

4 – FINDINGS

CONTEXTS

- **1st Stage**, coinciding with the School for Nurses as a service from the hospital until 1965, with technical and administrative autonomy, but everything depends on the Hospital, under the Ministry of the Interior (until 1958) and from this date forward the Ministry of Health;

- **2nd Stage**, the schools began a process of empowerment, initiated by the Technical Inspection of Nursing (1961) and implemented since 1965, including: the creation of the first School of Nursing independent from hospitals - EEAE with the start of enlargement network of schools (1970-1975) and the creation of the Department of Nursing Education (1974);

- **3rd Stage**, recognition of the capacity of schools to be converted in Schools of Higher Education (1978); distinction from schools about the contexts of practice, with production of the dichotomy between theory and practice, integration of the schools in the network of higher education, achieved in 1988 - the unfinished transition, considered as a historic moment.

- **4th Stage**, broad discussion, awareness of the integration of schools as institutions or units in the subsystem of the polytechnic, divergent process, hampered by political indecision, inhibiting the finished transition, schools are able to develop the entirety of their autonomy as establishments of higher education.

SOCIAL CONSTRUCTION OF THE CURRICULUM

A - On the **content**, the curriculum is organized essentially from 1952, a 'potential space' of a new discipline that begins its construction from the 'technical nursing'. This space became available, from the construction of the nursing discipline (going to be transitional space), closer to the person subject of care, which is continually in transition (Meleis 1991) between situations of health and disease situations and developmental and situational ones,

In the field of curriculum in content, are the transitional stages:
1st in 1952 with the introduction of content 'technical nursing';

2nd phase in 1964, a curriculum reform in which a discipline of nursing (biomedical orientation) becomes structuring the training as well as the biomedical disciplines. The social sciences and humanities are integrated for the first time (reinforcement of humanistic principles in the educational training of nurses);

Stage 3 starts in 1967 after the creation of the Research EEAE. In 1976, nursing is clearly seen with the theoretical bases - the introduction of theoretical models of nursing, as content;

Stage 4: systematization of nursing knowledge, from the reflexivity in action (practice field as a field of analysis) within academic research generated from the input of nurses at the University.

B - On the **process**, the transitional dynamics between a dualistic orientation (biomedical) and a guide to caring heal.

Stage 1 in 1947, when the state begins the reorganization of teaching and exercise of nursing, seeking consensus / maintenance of the conflict;
2nd stage, a worsening of the internal conflict and external to the professional group in construction, which will range between reform of 52 and the reform of 76;
Stage 3 starting in 1975, may be considered the unfinished transition coinciding with what is considered to be one of the historic decisions - the unification of the level of basic training, starting the process of integration in higher education;
4th stage awareness and systematic process of empowering and building of the professional group, leading to the finished transition - integration in higher education (in 1988) and consequently the unique level of training - license (1999).

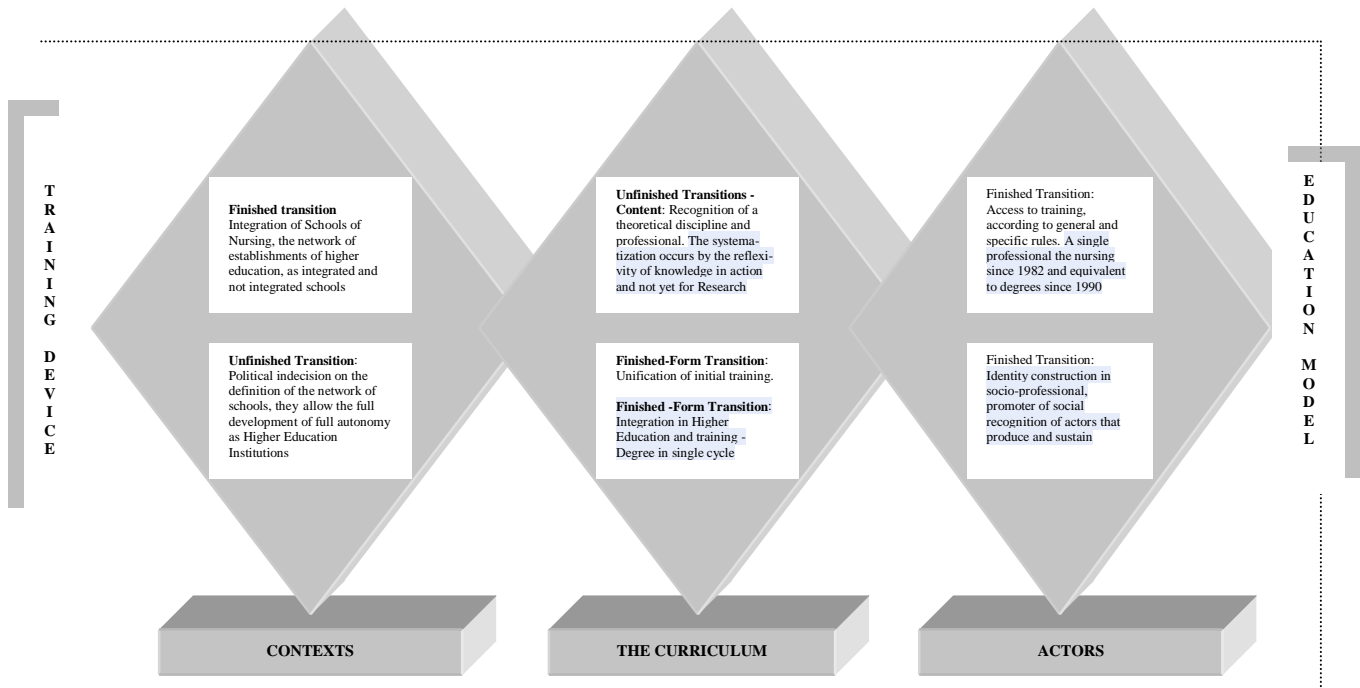
ACTORS

The **first stage**, characterized by the State's role in organizing the financial and legal education of nursing professionals, regarding the conditions of access and routes (between 1947 and 1974 - there are two levels of training);
2nd stage, the nursing faculties are to assume responsibility for education from 1965 (teaching of nursing) and from the late 60's Directorate of Schools, the qualifications of incoming students shall be identical to those required for other courses in higher education;

3rd stage, unification of the educational level, becoming possible to have a single professional – the nurse, since 1974, with the promotion of nurses in 3rd class (before - nursing assistants); this can be considered the unfinished transition, the nature history that it embodies. With regards to nurses in general, equivalence to degrees allowing the continuation of studies (masters and doctorates) and teachers of nursing, in addition to this, integration in the teaching profession as teachers of the Polytechnic Education.
4th stage there is the consolidation and sedimentation of the qualifications of nurses and nursing professors. However, there was still lacking the designated finished transition, whichever is essentially the difficulty inherent in building a social identity -

professional, promoter of an empowerment-aware social actors that produce and sustain it.

Between a device and a training model. The finished and unfinished transitions



We ended up with reference to three specific conclusions for each of the areas that are valued in the current context as organizers of the continuity of the transition in what nursing is in Portugal.

1 - Contexts - Making the debate about the formative convergent context of nurses and not the promotion of the same ambiguity around the character by the existence of two sub-systems of education, but framing the discussion within the Bologna process, in which perspective the importance of an 'European area of education, promoting the harmonization of the diversity in higher education, approaching the adequate qualifications, the subject of education.

2 - The curriculum - despite the emergence of the subject area of nursing, it has not yet occurred by the transition to the actual construction of a disciplinary field, organizing the academic dimension of it, this is essential for their development, the production and diffusion of knowledge in a transdisciplinary perspective.

3 - Actors – we need to discuss the importance of qualifying the stakeholders in health, develop skills to the inter-professional and transdisciplinary, manage the complexity of

the problems of people in the health field, from an integrated curriculum that not necessarily occurs at the theoretical level, for it must increasingly take place by the dialectic between training and work.

BIBLIOGRAPHY

AMENDOEIRA, José - Enfermagem em Portugal: contextos, actores e saberes. *Enfermagem*. Nº 35/36, 2ª série (Jul./Dez. 2004), pp. 13-22

AMENDOEIRA, José – Enfermagem. *Disciplina do conhecimento*. Sinais Vitais, Nº 67 (Jul-2006) pp. 19-27

AMENDOEIRA, José (2006) *Uma Biografia partilhada da Enfermagem. A segunda metade do Século XX*. Coimbra, Formasau. ISBN: 972-8485-67-0

AMENDOEIRA, José (2008). Profissões e estado: o conhecimento profissional em enfermagem, In: ÁVILA, J.L. e PEREIRA, H.R.(Orgs), *Políticas públicas, conhecimento profissional: a educação e a enfermagem em reestruturação*. Porto. Pivpsic/Legis Editora. ISBN: 978-972-8082-97-0

AMENDOEIRA, José (2009). *Ensino de enfermagem. Perspectivas de desenvolvimento*. Pensar Enfermagem, Vol 13, Nº 1, 1º semestre

BERGER, Peter L. (2002). *Perspectivas sociológicas. Uma visão humanística*, 24ª ed., Petrópolis, Editora Vozes. ISBN: 8532605982

DUBAR, Claude (1997). *A socialização. Construção das identidades sociais e profissionais*. Porto. Porto Editora (Coleção Ciências e Educação – 24). ISBN: 2-200-21620-3

GONZALEZ, Júlia; WAGENAAR, Robert (2008). *Universities' contribution to the Bologne process. An introduction*. 2nd ed. Publicaciones de la Universidad de Deusto. ISBN 978-84-9830-132-8

GRÁCIO, Sérgio (1998). *Ensinos técnicos e política em Portugal (1910/1990)*. Lisboa. Instituto Piaget (Estudos e Documentos). ISBN: 972-8407-45-9

HORTAL ALONSO, Augusto (2004). *Ética General de las profesiones*, 2ª ed. Bilbao. Desclée. ISBN: 84-330-1718-7

LEININGER, Madeleine (1985). *Qualitative research methods in nursing*. Orlando. Grunne and Stratton Inc. ISBN: 0808916769

RUSTOW. Dankwart (1970). *Transitions to democracy: Toward a dynamic model*. *Comparative Politics* 2 (April) pp. 337-363

SAHA, L. J. (1997). Social theories in the sociology of education, In: SAHA, Lawrence J. (Org.) (1997). *International encyclopaedia of the sociology of education*. Australia. Pergamon. ISBN: 0-08-042990-4

SOARES, Isabel (1997). *Da blusa branca à touca de brim*. Lisboa. Educa. ISBN: 9789728036140

SOUSA, Mariana Diniz (s.d) *L'infirmier de l'avenir: sa formation*, In: COMMISSION DES COMMONAUTÉS EUROPÉENNES. *Soins de santé et formation des infirmiers au XXI siècle*. Raport EUR 12040 FR